



Personnel

HUMAN RESOURCES QUINTUS EMERGENCY OUTAGE

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

OPR: HQ ARPC/DPSSA
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Certified by: HQ ARPC/DPS (Ms B. Rose Weinrich)
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Distribution: F

This instruction establishes responsibilities and procedures for use of ARPC Form 45, **Human Resources Quintus (HRQ) Emergency Outage**.

1. General: HQ ARPC offices who have Customer Support Center responsibilities may ARPC Form 45 to capture incoming calls when they are unable to access the HRQ software (i.e. downtime, equipment failure, etc).

2. Responsibilities:

2.1. Customer Support Agents: The Customer Support Center is located within the Customer Service Branches (DPSSA/B). Agents are responsible for responding to incoming customer issues and referring issues to ARPC workgroups as appropriate. The agents respond to the issues using frequently asked questions and refer calls only if they are unable to thoroughly respond to the customer. All toll free calls are logged into the HRQ software for complete tracking.

2.2. Workgroup Points of Contact (POC): Workgroups are responsible for responding to alerts and new issues. They must refer issues to specific team members and enter issue resolutions into the appropriate HRQ issue record. Those POCs that do not have access to HRQ must provide the resolution to the workgroup POC for entry into the HRQ issue record.

3. Procedures: In case of HRQ outages, HRQ agents and POCs should completely fill ARPC Form 45 for each incoming call to ensure there is no lapse in tracking. Once the system or software can be accessed, the information should be entered into HRQ.

4. Form Prescribed: ARPC Form 45.

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Chief, Systems Services Division
Directorate of Communications
and Information

Attachment 1--ARPC FORM 45

HRQ EMERGENCY OUTAGE			
PRIVACY ACT STATEMENT AUTHORITY: Title 10 U.S.C., Section 10204, Personnel Records, and Executive Order 9397. PURPOSE(S): To provide requested information/documents. ROUTINE USE(S): To provide documentation requested by the military member. DISCLOSURE: Furnishing the information is voluntary. However, if you do not furnish the requested information, the processing of your request may be delayed.			
MEMBER			
SSN	NAME	GRADE	
123-45-6789	JOHN BROWN	GS-9	
CALLER			
NAME		GRADE	TITLE
SUSIE SMITH		GS-5	CLERK
HOME PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS (Optional)	FAX NUMBER
(303) 999-9999	(303) 888-8888		
CATEGORY			
NAME			
ACTION REQUESTED			
ISSUE			
PRIORITY	SUMMARY		
REPORTED	AGENT		
WORKGROUP			OWNER